



COMMONWEALTH OF VIRGINIA
Department of Criminal Justice Services
Private Security Services Section

P.O. Box 1300
 Richmond, VA 23218

www.dcss.virginia.gov/pss

Status Hotline
 (804) 786-1132
 1-(877)-9STATUS

Renewal Bail Bondsman License Application – 2 Year License Fee - \$900.00

IMPORTANT INFORMATION:

- This application will be accepted if postmarked by June 30, 2007. A new application will be effective July 1, 2007 to implement regulatory and statutory amendments and will be available at www.dcss.virginia.gov/pss/special/bailbondsman.cfm
- A Fingerprint Application, Fingerprint Card and \$50.00 non refundable fee are required for renewal pursuant to § 9.1-185.5 of the Code of Virginia. Please ensure that a fingerprint package is submitted within 90 days of submitting this application.
- If you are going to carry or have access to a firearm you must also maintain a firearms endorsement and complete all required firearms training. For additional information and forms, please access the agency website.
- In-Service training must be completed within the 12 months prior to your current license expiration date in order to be eligible for renewal. For additional information, please access the agency website.

Bail Bondsmen Category

☐ Property Bail Bondsmen

☐ Agent Bail Bondsmen (property)

☐ Surety Bail Bondsmen

Applicant Information

DCJS ID # 99-

Last Name:

First Name:

MI:

Mailing Address:

City, State, Zip:

Email Address:

Home Phone: ()

Business Phone: ()

Fax: ()

Employment Information

NOTE: The business name and physical address provided will be posted on the DCJS Bail Bondsmen Directory webpage www.dcss.virginia.gov/pss pursuant to Virginia Code § 9.1-185.17.

If this is also your home residence and you do not wish to have this information posted, please check here: ☐

Business Name:

DBA/Trade As Name:

Business Physical Address:

City, State, Zip:

Email Address:

Business Phone: ()

Fax: ()

Please complete the appropriate section based on the category of license you are applying for:

This page may be photocopied if additional space is needed.

Surety Bail Bondsman

Power of Attorney: List **all** insurance companies. Please attach only copies of qualifying powers of attorney not already filed with the Department with this application. This information can be verified at www.dcss.virginia.gov/pss.

Insurance Company Name:

Registered Agent:

Insurance Company Name:

Registered Agent:

Insurance Company Name:

Registered Agent:

Agent Bail Bondsman

Full Legal Name of Employing Property Bail Bondsmen:

Employer DCJS #: 99-

Employer Signature:

Is a Power of Attorney on file with DCJS?
☐ Yes ☐ No* (*If "No" please attach.)

Property Bail Bondsman

Select the type of collateral being utilized for bonding, complete and attach the **Property Collateral Verification Form (PSS_CVF)**

☐ Cash

☐ Certificate of Deposit

☐ Real Estate

☐ Other

Transfer total amounts from the Property Collateral Verification Form (PSS_CVF)

Total Collateral:\$

Total Liens/Obligations: \$

Total Equity Pledged: \$

Please list all agent bail bondsmen in your employment: (you may attach additional sheets if necessary)

Full Legal Name of Agent:

DCJS # - 99-

Full Legal Name of Agent:

DCJS # - 99-

Full Legal Name of Agent:

DCJS # - 99-

Full Legal Name of Agent:

DCJS # - 99-

Affirmation

I, the undersigned, certify that all information contained on this application and attachments is true, correct, and complete to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent or material information may be cause for denial or revocation and may result in civil or criminal penalties. I understand that I am responsible for maintaining full compliance with Virginia Code Sections §9.1-185 et al. and the Regulations Relating to Property & Surety Bail Bondsman – 6 VAC 20-250.

Print Name: _____

Signature Required: _____ Date: _____
 mm/dd/yy

Please ensure you have enclosed the licensure application fee and all required documentation.

All fees are non-refundable. The check or money order should be made payable to: Treasurer, Commonwealth of Virginia.

This application must be submitted 30 days prior to expiration of your active license.

Attachments: _____